

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91727 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # G15625</b>			
<b>1. Entity Name</b> MOBY RUTH, INC.			
<b>Principal Place of Business</b> 3630 NW N RIVER DR MIAMI FL 33142		<b>Mailing Address</b> 3630 NW N RIVER DR MIAMI FL 33142	
<b>2. Principal Place of Business</b> 1350 NW 18th Ave		<b>3. Mailing Address</b> 1350 NW 18th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI FL	
<b>Zip</b> 33125	<b>Country</b> USA	<b>Zip</b> 33125	<b>Country</b> USA
<b>4. FEI Number</b> 65-0311386		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			
MCALPIN, DANIEL 3630 NW NORTH RIVER DR MIAMI FL 33142			
<b>7. Name and Address of New Registered Agent</b>			
Name Street Address (P.O. Box Number is Not Acceptable) 1350 NW 18th Ave City MIAMI FL Zip Code 33125			
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.</b>			
SIGNATURE <u>Daniel McAlpin</u> DATE <u>5/1/02</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, JAMES J 3630 NW NORTH RIVER DR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRIFFIN, JAMES I 3630 NW NORTH RIVER DR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>			

**SIGNATURE:**

**SECRETARY REQUIRED**  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)